



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/598,324	<b>FILING DATE</b> 06/20/2000 <b>RULE</b> -	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615 1616	<b>ATTORNEY DOCKET NO.</b> 200.94107CIP3
<b>APPLICANTS</b> Benjamin Oshlack, New York, NY ; Frank Pedi JR., Yorktown Heights, NY ;  <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/005,864 01/12/1998 PAT 6,077,533 WHICH IS A CIP OF 08/760,724 12/05/1996 ABN WHICH IS A CON OF 08/431,359 04/28/1995 ABN WHICH IS A CIP OF 08/249,150 05/25/1994 PAT 5,411,745  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 08/10/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> DAVIDSON, DAVIDSON& KAPPEL, LLC 15th Floor 1140 Avenue of the Americas New York, NY 10036				
<b>TITLE</b> Powder-layered oral dosage forms				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees ( Filing )	
			<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	
			<input type="checkbox"/> 1.18 Fees ( Issue )	
			<input type="checkbox"/> Other _____	
		<input type="checkbox"/> Credit		